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SUBJECT: HIV PREVALENCE RATE IN SWAZILAND SAMPLE RISES, BUT
INTERPRETATIONS DIFFER

11. SUMMARY: On February 24th at a national public forum, Swaziland's Minister of Health Benedict Xaba released findings of the latest HIV Sentinel Surveillance Survey of a sample of pregnant women presenting at health clinics around the country. The late 2008 survey data show that HIV prevalence in this sample stands at 42 percent, compared with 39 percent in 2006 and 43 percent in 2004, and that there is no significant difference by marital status, level of education, or residence (rural/urban). The government interpretation is that the data indicate the prevalence rate has stabilized, because treatment allows HIV positive persons to live longer, and bear children. However, it is admitted that younger women in particular continue to show a high rate of new infections, and Swaziland maintains the unfortunate distinction of having the world's highest HIV prevalence. Prevention efforts and approaches to change behavior must be given priority if this devastating rate of infection is ever going to decrease. END SUMMARY.

12. Even taking into account sampling variability, the survey results do not present a positive picture of the nation's efforts to reduce new HIV infections. Derrick von Wissel, the government's Director of the National Response Council on HIV and AIDS (NERCHA) is quoted as dismissing views that the national AIDS strategies have failed, however. He reportedly said that the rate has stabilized, and that the only way a prevalence rate in a non-curable disease goes down is when people die -- that the small recent rise in prevalence is evidently due to successful efforts to treat AIDS cases with life-saving anti-retroviral drugs. The information available at this time does not indicate what percentage of these women are on ARVs, nor for how long. Those women who presented with a first pregnancy reportedly had a significantly lower HIV prevalence than those with previous pregnancies, and Mr. von Wissel stated that the report indicated teenage pregnancy had dropped "considerably." However, data also indicate that new HIV infections, especially in the younger age group (ages 15-24), are still occurring at the alarm rate of 26 percent, and that HIV prevention in the vulnerable population of young women has not been successful.

13. Because of the nature of the data, the precise rate of incidence, a far better and more direct measure of new infections, cannot be ascertained. The results of this survey show no significant differences by educational level, marital status or residence (rural or urban), but that may be an effect of high prevalence and needs to be examined further. The GOKS, on one hand, says the rise is not significant and indicates a leveling off of the prevalence rate, since in 2004 it was 43 percent. "Stabilizing" at this rate, however, is not acceptable -- the rate is actually over 49 percent among those aged 30-34. The IMF reported that Swazi worker productivity is being affected by approximately 25 percent of laborers being absent one or more times per month. This rate is higher than other southern Africa countries and is attributed to HIV/AIDS in the worker or immediate family.

14. Health Minister Xaba expressed disappointment with the results, stating HIV/AIDS education campaigns are not working and that HIV prevention efforts need to be accelerated. This is consistent with the U.S. Mission/PEPFAR program observations that current prevention programs in Swaziland are rarely evidence driven, are poorly managed and coordinated, and are not systematically evaluated using reliable behavioral and serological information.

¶5. While the Minister and other leaders have routinely pointed to the youth as a principle target group for intervention, available evidence in Swaziland and in many other southern African settings strongly indicate that while youth programs should be continued and strengthened, two other approaches (not discussed at this National Forum) hold more promise in stemming a rise in new infections -- male circumcision and reduction of multiple, concurrent partnering (MCP).

COMMENT

¶6. First, recent evidence in the region indicates that national campaigns which respond to an existing demand for high quality medical male circumcision services have the potential to cut HIV incidence by as much as 60 percent. Second, patterns of sexual behavior that include high levels of concurrent partnering, supported by long standing social and cultural attitudes, are at the root of the endemic, resulting in extreme HIV rates in the region. While interventions to delay sexual activity in youth will continue to play an important role in national HIV prevention programming, it is now clear that broader social transformation is key to improving sexual health in general, and to turn the tide of the HIV epidemic. This involves changing norms around women's roles and MCPs.

¶7. For these evidence-based approaches to find traction in Swaziland, it is understood that Swazi leaders need to play a major role in beginning and then sustaining changes in sexual behavior in the population. The Ambassador and PEPFAR have embarked on a Partnership Framework with the GOKS to improve HIV-prevention programming, and focus on medical male circumcision and MCPs. In the National HIV/AIDS Strategic Framework (2009-2014), completed this month, these key interventions are highlighted.

¶8. The U.S. Mission/PEPFAR program looks forward to supporting the GOKS by utilizing its resources to support these critical efforts. Without a significant, sustained response to the HIV epidemic, Swaziland will lose any ground it has gained over recent years in the push for enhanced democratization and development, as the productive capacity of Swazis decreases. As pointed out in the 2011 Mission Strategic Plan, we also believe that to change norms requires a more democratic political framework that promotes responsible individual behavior, and universal education. All three efforts must be supported concurrently. This is a pivotal point for the GOKS and the USG to ensure that Swaziland is not dismantled by a health crisis which might be alleviated, given adequate resources, effective program management, and political will.

PARKER